the progression of fungal nail infections. In addition, vascular insufficiency, impaired wound healing, and compromised immunologic status associated with diabetic foot increase the risk of secondary infections in diabetic patients with dermatopytosis.Dermatophytosis are considered to affect more frequently patients with type 2 diabetes mellitus (DM-2), specially onychomycosis and Tinea pedis. The purpose of this study was to compare the dermatophytoses frequency between 40 patients with DM-2 and 40 healthy persons of either sex, 40 years old or more at a Tonekabon University Hospital(The northern Iran).

Materials and methods: The diagnoses were suspected lesions after direct microscopical examinations of the discharge materials with Potassium hydroxide preparation which revealed the presence of hyaline arthrospores, fungal culture (Scc and DTM media) and histological examination which showed an inflammatory infiltrate with fungal elements in the dermis.

Results: The prevalence of onychomycosis and Tinea pedis(positive culture and/or microscopy) in the diabetic and control groups was 20%, 17% and 8%, 8.8% respectively, the difference being statistically significant. Presence of onychomycosis and Tinea pedis were found to correlate significantly with increasing age(40 years old or more) and male(2.99 times of female)gender in both diabetic and control groups. After controlling for age and sex, a stepwise logistic regression demonstrated that significant predictors for onychomycosis and Tinea Pedis included a family history of onychomycosis, concurrent intake of immunosuppressive therapy and peripheral vascular disease The predominant dermatophyte of Cultures of puncture materials and skin biopsies confirmed the diagnosis identifying Trichophyton rubrum and T. mentagrophytes var interdigitale, in the first and second case respectively.

Conclusions: Diabetics were found to be 2.5 times more likely to have onychomycosis and Tinea Pedis than the controls. Predisposing factors included increasing age, male gender, duration of diabetes, impaired peripheral circulation, peripheral neuropathy retinopathy, family history of onychomycosis and Tinea Pedis, concurrent intake of immunosuppressive agents and peripheral vascular disease. This study shows that there doest seem to be an increased prevalence of dermatophytosis in diabetic patients as compared with a control, nondiabetic patient.Statistical correlation among dermatophytosis and blood glucose level the time suffering the disease was observed. The high susceptibility to dermatophytes and Tinea pedis infection showed to be associated with age and with the diabetic type 2 condition in those patients.

doi:10.1016/j.ijid.2008.05.755

The Investigation of Epidemiology of Superficial and Cutaneous Mycosis in Referals to Tehran Clinic for Medical Mycology During the Last Five Years (2003—2007)

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Objective: Indentification of the determatophytosis species and superficial mycosis agents may be useful in directing the survey for enviromental and animal sources of infection to educate the danger of acquiring infections from infected persons and other animals.

Material and Methods: For five years in the period February 2003 to june 2007 we experimented 5500 patient suspected to these mycosis refered to Tehran clinic for Medical Mycology. Skin sampling were taken by scraping fro patients and collected. Diagnosis was confirmed by direct microscopy and culture accorging to the mycology routine labroratory methods.

Results: Our results showed that totally 2271 cases (41.3%) of them suffered from superficial and cutaneous mycosis. Dermatophytosis with 1279 cases (56.31%) was the most common infection among the theses mycosis, rest were 356 cases (15.68%) Tinea Versicolor, 283 cases (12.76%) Erythersma, 243 cases (10.7%) cutaneous candidiosis, 110 cases (4.96%) sarophytic cutaneous mycosis. The freqency of clinical types anatomic site involvement of dermatophytosis was groin, thus tinea cruris 495 cases (38.7%) was predominant clinical form of all ring worm infection see, rest were 300 cases (23.46%) tinea unguium, 150 cases (11.72%) tinea pedis, 150 cases (11.72%) tinea manum, 128 cases (10%) tinea capititis, 34 cases (2.55%) tinea barbae. Tichophyton mentagrophytes was most common etiological agent (41.66%, 200 cases) of sampling positive culture, rest encountered dermatophytes including: 148 cases (30.83%) Epidermophyton floccosum, 112 cases (23.33%) T. rubrum, 9 cases (1.96%) T. tonsurans, 8 cases (1.87%) T. verrucosum, 4 cases (.83%) M. canis. Age groups between 1 and 70 were effected by this disease, with a lightly higher group was 20—29 age (23.91%). The most common clinical type of cutaneous candidiosis was onychomycosis and Candida abicans was most common etiological agent cutaneous candidiosis. The common sites of involvement of tiena versicolor were neck and trunk and Malassezia globosa was most common etilogical agent this disease, rest were M. fur fur and M. sympodialis. Saproytes fungi as Aspergillus SP., Mucor SP., Scopulariopsis SP., fusarium SP. were most common sarophytic cutaneous mycosis agents.

Conclusion: This study showed highlights a common promblem (Antropophilic species) in Tehran and suggests that further measures regaring public heatlh and specially personally hygine must be undertaken in order reduced risk superficial and cutaneous mycosis.

doi:10.1016/j.ijid.2008.05.756